Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				8).	Complete if Known			
				Appli	Application Number 1		10/594,801	
				Filing	g Date	9/28/2006	9/28/2006	
				First	First Named Inventor Y		Yukihiro Morinaga	
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 670.00				Exam	iiner Name	Kevin S. O	rwig	
				Art U	nit	1611		
				Attor	Attorney Docket 3274 - 0		52407	
IETHOD OF PAYM	ENT (check	all that apply	)					
Check Cre	dit Card	☐ Money O	rder	None	Other (please id	entify):		
Deposit Account	Deposit Ac	count Number:	23-	0650	Deposit Accoun	***************************************		
					authorized to: (c		oly)	
	e fee(s) indica				Charge fee	(s) indicated bel	ow, except for the	e filing fee
Charge	e any additioi 37 CFR 1.16	nal fee(s) or un	derpayments	of fee(s)		overpayments	-	Ü
ARNING: Information or	n this form may	become public.	Credit card in	formation show	·····		le credit card	
ormation and authorization	on on P1O-2038	8.						
E CALCULATION  PASIC ELLING SI				<u></u>	e subject to a si	ircharge.)		
BASIC FILING, S	ND EXAMIN G FEES	ATION FE SEAR	EXAMINA	TION FEES				
	·	Small Entity		Small Entity		mall Entity		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fees ]	<u> Paid (\$)</u>
Utility	330	82	540	270	220	110	<del></del>	
Design	220	110	100	50	140	70	••••••	······································
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325	```	
Provisional	220	110	0	0	0	0		
EXCESS CLAIM In the Description	FEES							Small Entity
Each claim over 20 (including Reissues)							Fee (\$)	<u>Fee (\$)</u>
Each independent claim over 3 (including Reissues)							52 220	26 110
ultiple dependent clai			•				390	195
<u>Γotal Claims</u> <u>- 2</u>	0 or HP	<u>Extra Clai</u>	ms <u>F</u> o	ee (\$)	Fee Paid (\$)			ependent Claims
HP = highest number of total claims paid for, if greater than 20.			leanne.				Fee Paid (\$)	
HP = highest number of t	otal claims paid	d for, if greater tl	nan 20.					
dep. Claims -3	or HP	Extra Clai	ms <u>F</u>	<u>ee (\$)</u>	Fee Paid (\$)			
HP = highest number of in	ndenendent ala	ims naid for if a	X regter than ?					
APPLICATION SIZ	ZE FEE							
If the specification	and drawing	gs exceed 100	sheets of pa	per (excludi	ng electronically	filed sequence o	or computer listin	gs under
27 OED 1 594	)), me appiic	ation size fee	due is \$270	(\$135 for sn	nall entity) for ea	ch additional 50	sheets or fraction	n thereof.
3/ CFR 1.32(e)	+ 1 1 (1) 1 1 1 1 1 1 1 7		` .	. P		tion thousaf	Foo (®)	Fee Paid (\$)
37 CFR 1.52(e) See 35 U.S.C. 4 Total Sheets	Extra Sh	<u>ieets</u>	Number o	n each agai	<u>tional 50 or frac</u>	LIVII LIICICUI	PECIAL	
See 35 U.S.C.	<u>Extra Sh</u>	<u>reets</u> / 50 =	Number o		tional 50 or frac up to a whole num		<u>Fee (\$)</u>	ree ting (b)
See 35 U.S.C. 4  Total Sheets - 100 =	<u>Extra Sh</u>		Number o				=	
See 35 U.S.C. 4  Total Sheets - 100 =  OTHER FEE(S)  Non-English Spec	Extra Sh	/50 =	o small entit	(round	up to a whole num		=	Fees Paid (\$)
See 35 U.S.C. 4  Total Sheets - 100 =  OTHER FEE(S)	Extra Sh	/50 =	o small entit	(round	up to a whole num		<u>rec (a)</u>	
See 35 U.S.C. 4  Total Sheets  - 100 =  OTHER FEE(S)  Non-English Spec	Extra Sh	/50 =	o small entit	(round	up to a whole num		=	Fees Paid (\$)
See 35 U.S.C. 4  Total Sheets  - 100 =  OTHER FEE(S)  Non-English Special Special Special Sheet (e.g., late first	Extra Sh	/50 =	o small entit	(round y discount) Extension, St	up to a whole num	ber) x		Fees Paid (\$)